

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # L33364**

1. Entity Name  
PETERSEN LIGHTNING CYCLER, INC.



**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4000 SR 60 W  
LAKE WALES, FL 33859 US

Mailing Address  
4000 SR 60 W  
LAKE WALES, FL 33859 US



**DO NOT WRITE IN THIS SPACE**

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0164392

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RATHBUN, NANCY W.  
4000 SR 60 W  
LAKE WALES, FL 33859

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	RATHBUN, NANCY
STREET ADDRESS	933 MANGHAM ROAD
CITY - ST - ZIP	BASON PARK, FL 33827
TITLE	S
NAME	KINCAID, MARSHA
STREET ADDRESS	410 MARIETTA STREET
CITY - ST - ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000732939  
05/03/07-800855-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Quash Kenia D* **4/18/07 863/676 1493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #